



Public Health

# PANHANDLE HEALTH DISTRICT

*Healthy People in Healthy Communities*

## ENVIRONMENTAL HEALTH

8500 N. ATLAS RD.  
HAYDEN, ID 83835  
PHONE: (208) 415-5200  
FAX: (208) 415-5201  
[www.phd1.idaho.gov](http://www.phd1.idaho.gov)

To: All Temporary / Intermittent Food Service Vendors  
From: Environmental Health Section/Food Program  
Subject: Temporary Food Service License Application

A \$65 food license fee is required for all establishments handling potentially hazardous foods. Applications without the license fee will not be processed. Idaho Code §39-1604 states, "No person, firm or corporation shall operate a food establishment that handles potentially hazardous foods, for which no other state or federal food safety inspection or license is required, without a license approved by the director of the department of health and welfare or his designee."

One temporary food service license may be used for **three (3) events during the calendar year in the same district.** If an operator wishes to be permitted for more than three events, he/she must qualify for a mobile license.

An Intermittent food service establishment is one that operates for a period of time, not to exceed three (3) days per week, at a single, specified location in conjunction with a recurring event. Examples of recurring event may be a: farmers' or community market or a holiday market.

NOTE: Fraternal, Benevolent and Nonprofit Charitable Organizations – see attached.

\*\*\* Please complete all questions on the application, attach a complete menu, a letter from your commissary, (which includes the commissary's name and license number, address, telephone number) - signed and dated by the owner, and submit with the \$65 license fee.

***Applications must be submitted to this office for review within 72 hours (3 days) prior to the event. An incomplete application may cause a delay and/or disapproval of your application. Applications received after the 72-hour deadline will not be accepted and the applicant will not be allowed to operate.***

*If you have any questions, please feel free to contact this office. Thank you.*

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## INTERMITTENT EVENT FOOD SERVICE APPLICATION

| ESTABLISHMENT INFORMATION  | LICENSE HOLDER / OWNER / LESSEE    |
|--|------------------------------------|
| Business Name: _____   | Name: _____                        |
| Business Mailing Address: _____  | Title: _____                       |
| _____  | Owners Mailing Address: _____      |
| City _____ State: _____ Zip: _____   | _____                              |
| Business Telephone: (    ) _____   | City _____ State: _____ Zip: _____ |
| Fax #: (    ) _____  | Owners Telephone: (    ) _____     |
| Non Profit Group? <input type="checkbox"/> Yes <input type="checkbox"/> No | Fax #: (    ) _____                |
| Name of Group: _____   | Secondary Contact Person: _____    |
|  | Title: _____ Telephone: _____      |

**EACH LOCATION - ONE \$65 FEE**

District 1 Offices:

|   |
|---|
| Benewah County - 137 N. 8 <sup>th</sup> St. – <u>St. Maries</u> , ID 83861 - (208) 245-3692 |
| Bonner County - 322 Marion Ave – <u>Sandpoint</u> , ID 83864 - (208) 265-6384               |
| Boundary County - PO Box 893 – <u>Bonnors Ferry</u> , ID 83805 - (208) 267-5558             |
| Kootenai County – 8500 N Atlas Rd - <u>Hayden</u> , ID 83835 - (208) 415-5200               |
| Shoshone County -114 W. Riverside Ave – <u>Kellogg</u> , ID 83837 - (208) 786-7474          |

|                          |   |
|--------------------------|---|
| Event Name: _____        | Event Location: _____   |
| Event Date(s): _____     |   |
| Commissary: _____        | License# _____ Phone: _____   |
| Water Source Name: _____ | <input type="checkbox"/> <u>Public</u> or <input type="checkbox"/> <u>Private</u> |
| Sewage Disposal: _____   | <input type="checkbox"/> <u>Public</u> or <input type="checkbox"/> <u>Private</u> |

|  |   |
|--|---|
| Printed Name _____                                       | <b><u>Panhandle Health District Use Only:</u></b> |
| Signature: _____   | \$65.00 Fee Paid _____ (Receipt Number)           |
| <input type="checkbox"/> License Holder / Owner / Lessee | Establishment Number: _____                       |
| <input type="checkbox"/> Agent / Title _____             | EHS: _____ Date Received: _____                   |

# TEMPORARY EVENT FOOD ESTABLISHMENT

Temporary event food establishments must complete this section, sign, date and attach all supporting documents to this application.

**This includes any moveable push carts, vending trucks, trailers, tents, booths, bicycle, water craft, or other movable unit and fixed facilities used for temporary events.**

1. Please list a complete menu of food items to be served.
  
  
  
  
  
  
  
  
  
  
2. List where all food items and ice will be purchased (Name of Supplier). Where will you be getting your water for the mobile unit? All foods, water and ice must be purchased or obtained from an approved source.
  
  
  
  
  
  
  
  
  
  
3. Describe how all foods on your menu will be sorted, transported, prepared and served.

**NOTE: All foods must be prepared before the event at a licensed commissary. Only final food assembly, cooking and serving at the event is allowed.**

**IMPORTANT!** Unless you are a full service mobile food unit, all food vendors must have a commissary (a licensed, approved facility) for storage of food, food preparation and clean up of equipment. No cutting, slicing, chopping, etc., or extensive food preparation can be done on site at the events.

|   |
|---|
| Written approval from your commissary with the commissary name, license number, address, telephone number and signed by owner/manager must be attached to this application. |
|---|

4. List all equipment and describe facilities that will be used at the temporary food establishment.
- All temporary food establishments must have adequate cooking, holding, and refrigeration facilities to hold foods below 41 ° F or above 135°F. Mechanical refrigeration units must be pre-chilled to 41 ° F or less prior to being filled with food.
  - Food grade hoses are required for filling potable water tanks. Do not forget to clean and sanitize tanks prior to use.
  - Every temporary unit must be constructed in a manner that protects the food from outside elements, such as wind, rain, dust, etc.
  - Single service articles shall be provided for use by the customers.
  - Ready to eat foods must be handled with gloves and/or proper utensils.

**Include a sketch of the temporary food establishment that shows placement of equipment, sinks, water tanks, refrigeration, counter tops and work areas.**

5. How do you plan to wash your hands?

Every temporary food establishment must have a hand washing facility. This must include a hand washing vessel (101°F), soap, and paper towels and a catch basin or retention tank. The vessel must have a spigot that can be turned on and stay on for washing hands. No push button types allowed.

6. How will you dispose of your waste water and garbage?

All waste water and garbage must be disposed of at an approved site.

7. How do you plan to wash and sanitize equipment and utensils?

PLEASE NOTE: Incomplete applications will delay review or result in the application not being approved. Do not reference information provided on previous applications you made with the Panhandle Health District. Thank you.

I have read and understand the above requirements and agree to comply with these requirements for my temporary event food establishment.

Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Signature: \_\_\_\_\_

☐ License Holder / Owner / Lessee

☐ Agent / Title \_\_\_\_\_



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### SHARED FOOD FACILITY/COMMISSARY AGREEMENT

This form is to be submitted with proposals for a Vehicle or Cart Permit, Temporary Food Facility Permit, Catering Permit or Farmers' Market Food Vendor permit. The State of Idaho Food Code requires that foods sold or given away to the public be prepared and stored in an approved facility. In addition, the vehicles or carts used in the sale of those foods must be serviced and, sometimes, stored at an approved facility.

**THIS FORM IS TO BE COMPLETED BY THE OWNER (OR MANAGER) OF THE APPROVED FOOD FACILITY** where these operations will take place for the business applying for a permit. No other facility may be used by this business for these operations without the written approval of Panhandle Health District I.

Name of Business applying for permit: \_\_\_\_\_

Name of Approved Food Facility/Commissary: \_\_\_\_\_

Address: \_\_\_\_\_  
(city, state, zip)

Phone: \_\_\_\_\_ Commissary License #: \_\_\_\_\_  
(approved/licensed facility)

Operations to take place:

- ☐ Food Preparation
- ☐ Food/Utensil storage (Designated and labeled area for exclusive use)
- ☐ Vehicle/Cart Storage
- ☐ Washing of utensils and equipment
- ☐ Other: \_\_\_\_\_

As the owner of the above approved food facility, I have given my permission for the business known as \_\_\_\_\_ to use my facility for the operations indicated, and know that I am ultimately responsible for the maintenance and sanitation of the food facility.

Owner of Approved Facility/Commissary (please print): \_\_\_\_\_

Signature of Approved Facility/Commissary Owner/Manager: \_\_\_\_\_

Date: \_\_\_\_\_